

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 70/049880		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51		
2		1		1			52		
3		2		1			53		
4		2		1			54		
5		2		1			55		
6		2		1			56		
7		2		1			57		
8	1		1				58		
9		1		1			59		
10		2		1			60		
11		(1)					61		
12		(1)		1			62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		2				TOTAL IND.		
TOTAL DEP.		10		10			TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		